FFY 1995 Medicaid Utilization Data
for Selected Physician Procedure Codes

PROCEDURE	CLAIMS	AMOUNT PAID	RECIPS	AVG. $/CLAIM
MATERNITY CARE AND DELIVERY				
VAGINAL DELIVERY, ANTEPARTUM AND POSTPARTUM CARE				
59400	14,545	$12,857,012	11,446	$883.95
59409	21,257	$13,524,496	19,801	$636.24
59410	32,471	$21,048,830	30,066	$648.23
59414	170	$5,847	167	$34.39
59430	2,616	$109,433	2,319	$41.83
CESAREAN DELIVERY				
59510	7,392	$3,635,548	5,705	$491.82
59514	7,404	$3,589,726	6,204	$484.84
59515	13,812	$5,803,068	10,818	$420.15
59525	10	$1,148	8	$114.80
PEDIATRIC PRACTITIONER SERVICES				
IMMUNIZATION INJECTIONS				
90701	57,486	$962,025	48,204	$16.73
90712	124,499	$2,088,330	97,100	$16.77
90737	45,753	$832,702	36,967	$18.20
EVALUATION AND MANAGEMENT				
99201	9,734	$92,546	9,474	$9.51
99202	72,211	$835,025	66,971	$11.56
99203	86,220	$1,137,787	80,039	$13.20
99204	116,759	$2,401,228	108,937	$20.57
99205	37,125	$871,248	35,136	$23.47
99211	123,479	$983,475	71,694	$7.96
99212	934,106	$10,124,967	371,351	$10.84
99213	979,713	$11,456,462	373,759	$11.69
99214	583,111	$10,761,701	286,706	$18.46
99215	83,562	$1,852,665	53,278	$22.17
PREVENTIVE MEDICINE SERVICES				
99381	2,383	$73,922	2,342	$31.02
99382	1,983	$62,535	1,874	$31.54
99383	1,738	$58,286	1,677	$33.54
99384	1,014	$32,917	987	$32.46
99391	8,617	$267,553	5,246	$31.05
99392	12,736	$419,094	10,206	$32.91
99393	7,633	$255,918	7,375	$33.53
99394	3,412	$106,266	3,333	$31.14

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SOURCE: FFY 1995 PHYSICIAN AND CTHP 8079 REPORTS.
QUESTIONS: NANCY HANSEN @ 518-473-8797.
(no longer valid)

New York State Department of Health

Office of Medicaid Management
February 28, 1997
State Plan for April 1, 1997 - March 31, 1998

New York

Region	OB/GYN Estimated Physicians	OB/GYN Participating Physicians	OB/GYN %	Family Practitioner Estimated Physicians	Family Practitioner Participating Physicians	Family Practitioner %	Pediatricians Estimated Physicians	Pediatricians Participating Physicians	Pediatricians %
I	221	199	90%	279	268	96%	344	402	117%
II	189	173	92%	177	135	76%	326	344	106%
III	227	245	108%	380	370	97%	288	319	111%
IV	188	185	98%	324	321	99%	266	290	109%
V	967	775	80%	602	508	84%	1757	1620	92%
VI (NYC)	1073	770	72%	373	361	97%	1901	1936	102%
Rest of State	1792	1577	88%	1762	1602	91%	2981	2975	100%
Statewide	2865	2347	82%	2135	1963	92%	4882	4911	101%

Source: Participating Physicians: PVR 661 Report run date 12/10/96.

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February 1997-New York
Preferred Physician & Childrens Program

Upstate		Downstate
W5000* $36.00	Well Child - Healthy New Borns & Children Under 18 years	$44.00
W5000* $33.00	Class I Condition	$39.00
W5000* $31.00	Medication Administration	$37.00
W5000* $42.00	Generally Healthy Children 17-21	$50.00
W5000* $37.00	Class II Condition	$44.00
W5000* $38.00	Gynecological Exam Females under 21 years	$45.00
W5000* $37.00	Reproductive - all patients males or females under 21 w/reproductive	$44.00
W5000* $38.00	Class III Condition	$45.00
W5000* $69.00	Chemotherapy	$83.00
W5000* $44.00	Class IV Condition	$53.00
W5000* $36.00	Class V Condition	$42.00
W5000* $29.00	Ophthalmology	$34.00

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W5000* $34.00	Default - used when there is some minor information missing from a valid claim	$29.00
W5004* $30.00	Emergency Room Visit	$36.00
	(OB/GYN)	
W5000 $67.00	1st Prenatal - females under 21 years with confirmed pregnancy	$83.00
W5000 $40.00	Prenatal revisits - females under 21 years with confirmed pregnancy	$48.00
W5000 $50.00	Postpartum pregnant females under 21 years (revised 1/94)	$42.00

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MEDICAID OBSTETRICAL AND MATERNAL SERVICES (MOMS)
PROCEDURE AND FEE SCHEDULE
Current as of February 1997

59400	Global Fee	$1440.00
59410	Vaginal Delivery or Cesarean	$ 960.00
59420	Antepartum care only initial visit	$ 69.00
W0003	Antepartum care only subsequent visit	$ 59.00
59430	Postpartum care only	$ 59.00

Child Teen Health Program
As of February 1997

NEW PATIENT		
99384	Initial history and examination related to the healthy individual, including anticipatory guidance; adolescent (age 12 through 17 years)	$29.00
99383	late childhood (age 5 through 11 years)	$29.00
99382	early childhood (age 1 through 4 years)	$29.00
99381	infant (age under 1 year)	$29.00
99381	not listed separately procedure code 99831 should be used.	
ESTABLISHED PATIENT		
99394	Interval history and examination related to the healthy individual, including anticipatory guidance; periodic type of examination; adolescent (age 12 through 17 years)	$29.00
99393	late childhood (age 5 through 11 years)	$29.00
99392	early childhood (age 1 through 4 years)	$29.00
99391	infant (age under 1 year)	$29.00

Health Maintenance Organization (HMO) Obstetrical and Pediatric Services:

Section 6306.3 requires that data on HMO obstetrical and pediatric services be given.

Health Maintenance Organizations with Section 1903 (m) Medicaid contracts must offer medical benefit packages that include pediatric and obstetrical services which, at a minimum, must be equal in scope and accessibility as that available to the HMO's are prospectively negotiated, monthly capitation rates which represent payment in full for all the services provided by the HMO's to their Medicaid membership.

The capitation rates are developed by a nationally known expert actuarial firm, and are capped at a percentage of historical Medicaid fee for service costs, which are trended and adjusted to reflect current Medicaid cost experience, including the costs of obstetrical and pediatric services. In many cases the HMO'S themselves have chosen to pay their health care practitioners the same rates of payment or use the same payment methodology for service members. Thus the availability of pediatric and obstetrical services to Medicaid recipients enrolled in HMO's is equal to that available to the HMO's general membership.

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New York State Department of Social Services Regions

REGION	DISTRICTS	
I	Allegany	Genesee
	Cattaraugus	Niagara
	Chautauqua	Orleans
	Erie	Wyoming
II	Chemung	Seneca
	Livingston	Steuben
	Monroe	Wayne
	Ontario	Yates
	Schuyler	
III	Broome	Madison
	Cayuga	Oneida
	Chenango	Onondaga
	Cortland	Oswego
	Herkimer	St. Lawrence
	Jefferson	Tioga
	Lewis	Tompkins
IV	Albany	Montgomery
	Clinton	Otsego
	Columbia	Rensselaer
	Delaware	Saratoga
	Essex	Schenectady
	Franklin	Schoharie
	Fulton	Warren
	Greene	Washington
	Hamilton	
V	Dutchess	Suffolk
	Nassau	Sullivan
	Orange	Ulster
	Putnam	Westchester
	Rockland	
VI	New York City	

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TYPE OF SERVICE	METHOD OF REIMBURSEMENT
Emergency Services for Illegal Aliens	Reimbursement for treatment of emergency medical conditions for aliens not lawfully admitted for permanent residency or otherwise permanently residing in the United States under color of law shall be in the same amount (fee or rate dependent on provider type) as for all other Medicaid eligibles.

OFFICIAL

Clinic Services for Federally Qualified Native American Health Centers not subject to licensure under Article 28 of the State Public Health Law

Reimbursement for federally qualified health centers located on Native American reservations and operated by Native American tribes or tribal organizations pursuant to applicable Federal Law and for which State licensure is not required will be established consistent with the methodology applicable to freestanding diagnostic and treatment centers, including federally qualified health centers which are licensed under Article 28 of the State Public Health Law. The reimbursable base year administrative and general costs of a provider, excluding a provider reimbursed on an initial budget basis, shall not exceed the statewide average of total reimbursable base year administrative and general costs of diagnostic and treatment centers. For the purposes of this provision, reimbursable base year administrative and general costs shall mean those base year administrative and general costs remaining after application of all other efficiency standards, including, but not limited to, peer group cost ceilings or guidelines. The limitation on reimbursement for provider administrative and general expenses shall be expressed as a percentage reduction of the operating cost component of the rate promulgated for each diagnostic and treatment center with base year administrative and general costs exceeding the average. Prospective all inclusive rates of payment will be calculated by the Department of Health, based on the lower of allowable average operating cost per visit or the group ceiling trended to the current year as permitted by law, except that rates of payment for the period ending September 30, 1995 shall continue in effect through September 30, 1996. The facilities will be compared with other facilities offering similar types of services. The rates will include a capital component which is not subject to ceiling limitations. Rates are subject to approval of the Division of the Budget. The facilities will be required to forward to the Department of Health on an annual basis any necessary financial and statistical information.

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